

Choosing Wisely[®]

An initiative of the ABIM Foundation

ConsumerReports[®]Health



Screening tests

When you need them—and when you don't

Screening tests help doctors look for diseases when you don't have symptoms. The tests can find problems early, when they are easier to treat. Sometimes this can improve your health and help you live longer.

But it's important to know which tests you need, and how often you need them. Screenings have risks.

Screenings can cause false alarms.

Screening can create a false alarm instead of finding a serious problem. That's especially true if you have a low risk of having the disease that the test is trying to find. False alarms often lead to more tests and procedures, such as a biopsy. These can cause worry.

Screenings for cancer may find tiny tumors that wouldn't cause a health problem. This often leads to treatment that you don't need. And the treatment may be harmful and costly.

Screenings can have risks.

- A PSA blood test for prostate cancer often finds slow-growing cancers that wouldn't cause harm during a man's lifetime. Even so, most men get surgery or radiation for these cancers. These treatments can cause impotence or incontinence, or both.
- A colonoscopy can occasionally cause serious bleeding and punctures in the colon.
- Some imaging tests, such as CT scans, use large amounts of radiation. The more radiation you get, the higher your risk of getting cancer.

Think twice about these screenings.

In the Choosing Wisely series, medical organizations list screenings that may not be necessary or are used too often. And they may sometimes be harmful.

If you have risk factors for a disease, you are more likely to need screening for the disease. For example, diabetes, high blood pressure, and obesity are risk factors for heart disease.

Talk with your doctor about the screening tests that are right for you. They depend on:

- Your age, sex, overall health, and family history.
- Your risk factors for certain diseases.
- Your personal preferences.



SCREENINGS FOR HEART DISEASE

EKGs and exercise stress tests

American Academy of Family Physicians, American College of Physicians

An EKG records the heart's activity with electrodes attached to the chest. In an exercise stress test, you get an EKG as you walk on a treadmill. The tests show whether your heart is beating and working normally.



You might need one of these tests if:

- You have symptoms of heart disease, such as chest pain, shortness of breath, or an irregular heartbeat.
- You want to start exercising, but you have diabetes or another illness that can cause heart problems.

You probably don't need these tests if:

- You don't have symptoms and you have a low risk for a heart attack. Talk to your doctor about your risk.

Imaging stress tests

American College of Cardiology, American Society of Nuclear Cardiology

These tests take pictures of the heart while it is working hard. They show if blood flow to the heart is blocked. A stress echocardiography uses sound waves. A nuclear stress test uses a small amount of radioactive material.

You might need the test if:

- You have symptoms of heart disease.
- You have health problems that cause a high risk for a heart attack, such as diabetes or peripheral artery disease.

You probably don't need the test if:

- You don't have symptoms and are not at high risk.

CT scan—coronary artery calcium scoring

Society of Cardiovascular Computed Tomography

A CT scan checks the heart arteries for calcium build-up. This is an early sign of narrow arteries. A calcium score helps predict the risk of a heart attack in people who don't have symptoms.

You might need the test if:

- You don't have symptoms but you have a moderate risk for a heart attack—and your doctor is not sure how aggressively to treat your risks.
- You have a family history of early heart disease.

You probably don't need the test if:

- You don't have symptoms, and you have a low risk.

Coronary computed tomography angiography

Society of Cardiovascular Computed Tomography

CCTA is a kind of CT scan. Dye is put into a vein to show if the arteries of the heart are narrow or blocked.

You might need the test if:

- You have symptoms, as well as moderate risk factors for heart disease.
- You have symptoms of heart disease, but your risk is low. However, you can't do a standard exercise stress test.

You probably don't need the test if:

- You don't have symptoms of heart disease.

Carotid ultrasound

American Academy of Family Physicians

This test can show if the carotid arteries, on the sides of the neck, are narrowed or blocked. The blocking can cause a stroke.

You might need the test if:

- You've had a stroke or mini-stroke (transient ischemic attack, or TIA).
- You are currently having symptoms of stroke, such as sudden weakness or numbness on one side of the body, or sudden problems with language, speech, or vision. Call 911.

You probably don't need the test if:

- You don't have a history or symptoms of stroke or mini-stroke.

OSTEOPOROSIS SCREENING

Bone-density tests for osteoporosis

American Academy of Family Physicians

With osteoporosis, bones are weaker and more likely to break. A test called a DEXA scan uses x-rays to check how strong your bones are.

You should get the test if:

- You are a woman, age 65 or older.
- You are a man, age 70 or older. Talk with your doctor about the test.
- You are younger, and have risk factors for weak bones: a fracture from a minor injury; rheumatoid arthritis; a small, thin build; a parent who had a hip fracture; smoking; heavy drinking; or long-term use of steroids, such as prednisone.

You probably don't need the test if you are:

- A younger person with no risk factors.

Follow-up bone scans for osteoporosis

American College of Rheumatology

Most people should wait at least two years before having another DEXA scan.

You might need the test *more* often if:

- You have a condition that can cause rapid changes in bone density.

You might need the test *less* often if:

- You had normal or almost normal results on your first scan. Speak with your doctor about the need for a follow-up test.

Blood test for Vitamin D

American Society for Clinical Pathology

Low vitamin D can increase the risk for broken bones and some other health problems.

You might need the test if:

- You have osteoporosis.
- You have a disease that lowers the body's ability to use vitamin D. These include serious chronic diseases such as celiac disease, inflammatory bowel disease, kidney disease, liver disease, and pancreatitis.

You probably don't need the test if:

- You are generally in good health and do not have risk factors.

SCREENINGS FOR CANCER

Pap tests for cervical cancer

American Academy of Family Physicians

Pap tests check for cells in the cervix that are not normal and might lead to cervical cancer. This cancer generally takes ten to 20 years to develop, so women don't need yearly testing.

You should get the test if:

- You are age 21 or over—get a Pap test every three years.
- You are 30 to 65. You can go five years between Pap tests if you get an HPV test at the same time.
- You have had cervical cancer or pre-cancerous changes. You might need tests more often. Check with your doctor.
- You have a weak immune system. You might need tests more often. Check with your doctor.

You probably don't need the test if:

- You are under age 21.
- You are older than 65, and you've had regular screenings with normal results.
- You have had your cervix removed in a hysterectomy for a non-cancerous problem, such as fibroids.



Colonoscopy

American Gastroenterological Association

This procedure allows doctors to find and remove polyps. These are small growths that sometimes lead to cancer. The test uses a thin, flexible tube to look inside the colon and rectum.

You should have the test if:

- You are age 50 to 75.
- You are a younger person with risk factors. Check with your doctor to be sure. Risk factors include inflammatory bowel disease, a history of adenomas, or having a close relative who had colo-rectal cancer or adenomas. Adenomas are polyps that can turn into cancer.
- You had a colonoscopy that did not show adenomas or cancer and you don't have other risk factors. You should get your next test in ten years.
- You have had one or two small, low-risk adenomas removed. You should have another test in five to ten years.
- You have larger, more serious adenomas. You may need the test more often.
- You are a man over age 75 and you have not had adequate colorectal screening. Check with your doctor.

PSA test for prostate cancer

American Academy of Family Physicians

A blood test measures your blood level of PSA, a substance made by the prostate gland. Higher levels may be a sign of prostate cancer. Men should not routinely get a PSA test. If you are age 50 to 74, talk with your doctor about the risks and benefits of the test.

Talk to your doctor about the test if:

- You are concerned about risk factors for prostate cancer, such as being African-American or having a close relative who had the disease.
- You have symptoms, such as a lot of weight loss, enlarged lymph nodes, urinary changes, blood in the urine, or pain in the pelvic area or rectum.

You probably don't need the test if:

- You are over age 75, unless you are at high risk.
- You are under age 50, unless you are at high risk.

Lung cancer

American College of Chest Physicians and American Thoracic Society

A CT scan looks for early signs of lung cancer in high-risk smokers.

You might need the test if:

You are age 55 to 80 and have been a long-term, heavy smoker. This means:

- You smoked a pack of cigarettes a day for 30 years, or two packs a day for 15 years.
- In addition, you are still smoking or you stopped within the past 15 years.

You probably don't need the test if:

- You are a light smoker.
- You are under age 55 or older than 80.



PET-CT total-body scan

Society of Nuclear Medicine and Molecular Imaging
A PET-CT scan can check nearly every area of the body for cancer in a single test.

You may need the test if:

You have a diagnosis of, or have started treatment for, cancer. The scan can show how far the cancer has spread, how it responds to treatment, and if it comes back after treatment.

You probably don't need the test if:

You are not being treated for cancer. In the U.S., the scan is not recommended for screening purposes.

Having too many screenings may do more harm than good, if they're not needed. Ask your doctor about what's right for you.

Ovarian cancer

Society of Gynecologic Oncology, American College of Obstetricians and Gynecologists

A blood test, called CA-125, and an ultrasound are used to screen for cancer of the ovary.

You may need the test if:

- You have a family history of ovarian, breast, uterine, or colon cancer.
- You have an inherited risk, such as the BRCA1 or BRCA2 gene mutation, or Lynch syndrome.
- You have symptoms of ovarian cancer: pain or pressure in the abdomen or pelvis, bloating, feeling full quickly, nausea, indigestion, fatigue, or unusual vaginal bleeding. Speak to your doctor if a symptom is new and lasts more than two weeks.

You probably don't need the test if:

- You don't have symptoms or risk factors.



SCREENINGS FOR CHILDREN

Scoliosis

American Academy of Family Physicians

Scoliosis is an abnormal curve of the spine. A doctor or nurse looks at the child's back to check for signs of scoliosis. The test may be done at a regular checkup or in a school screening program.

Most children don't need the test. It is not very accurate. Usually scoliosis is so mild that it does not cause problems or need treatment. Screenings can lead to unnecessary radiation, a back brace, and emotional stress.

Your child may need the test if:

His or her back has a serious curve. The doctor should check it, using a medical history, physical exam, and tests to measure the curve. The doctor may refer your child to an orthopedist.

Comprehensive eye exams

American Association for Pediatric Ophthalmology and Strabismus

These are complete eye and vision exams by an eye specialist, such as an optometrist or pediatric ophthalmologist.

Who might need the exam:

- Children who fail a routine vision screening by a primary care doctor
- Children who were diagnosed with a vision problem
- Children with a family history of serious vision or eye problems

Who probably doesn't need the exam:

- Children who don't have vision problems

Retinal imaging tests

American Association for Pediatric Ophthalmology and Strabismus

These tests take photos of the retina, the part of the eye that senses light.

Who might need the test:

- Children diagnosed with retinal or optic nerve problems
- Children who have diabetes, which can damage the retina
- Children who have low vision that does not improve with prescription eyeglasses

Who probably doesn't need the test:

- Children who don't have symptoms or eye problems. They do need a "baseline" test to compare with future tests if problems arise.



This report is for you to use when talking with your health-care provider. It is not a substitute for medical advice and treatment. Use of this report is at your own risk. © 2014 Consumer Reports. To learn more, please visit

ConsumerHealthChoices.org/about-us/.